

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049639

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317  
FILED JAN 16 1963

500

3804

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN JEFFERSON BARRACKS, MO.

Length of stay in 1b

50 DAYS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION  
HOSPITAL

Inside limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

c. CITY OR TOWN SAINT LOUIS

Inside Limits

Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
1731 LOVEJOY

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

NATHANIEL

C.

JACHO

4. DATE OF DEATH

Month

Day

Year

12

25

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

NEGRO

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9-3-08

## 9. AGE (last birthday)

54 YRS

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

## 10b. KIND OF BUSINESS OR INDUSTRY

JANITOR

## 11. BIRTHPLACE (City and state or country)

JONESBORO, ARKANSAS

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

EARL JACHO

## 13b. MOTHER'S MAIDEN NAME

ELLA B. SMITH

## 14. NAME OF HUSBAND OR WIFE

ANNA JACHO

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WW-II

## 17. INFORMANT

Address

ANNA JACHO 1731 LOVEJOY ST. LOUIS, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

EXTREME EMACIATION

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CARCINOMA OF ESOPHAGUS WITH METASTASIS TO  
RIGHT LUNG

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

MARKED PASSIVE CONGESTION WITH PULMONARY EDEMA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

VA

11-5-62

12-25-62

XXXXXXXXXXXX

21. I attended the deceased from

12:55 PM

Death occurred at

12:55 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)  
John J. Mueller M.D.

## 22b. ADDRESS

VA HOSP. JEFF. BRKS. MO.

## 22c. DATE SIGNED

12-26-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

12-31-62

## 23c. NAME OF CEMETERY OR CREMATORY

Jefferson Barracks

## 23d. LOCATION (City, town, or county)

Jefferson Barracks, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

1221 N. Grand

## 25. DATE RECD. BY LOCAL REG.

12-27-62

## 26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

JAN 17 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Flarence Green*

Licensed Embalmer No.

*4755*

P. O. Address

*1221 Grand*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.